

## CLAIMS ONLY

Application Number

Filing Date

10586387

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1	0				
2	0	0				
3	0	0				
4	0	0				
5	0	0				
6	0	0				
7	0	0				
8	0	0				
9	0	0				
10	0	0				
11	0	0				
12	0	0				
13	0	0				
14	0	0				
15	0	0				
16	0	2				
17	1	1				
18	1	1				
19	1	1				
20	1	1				
21	1	1				
22	1	1				
23	1	1				
24	1	1				
25	1	1				
26	1	1				
27	1	1				
28	1	1				
29	1	1				
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41	1	1				
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
Total Indep	1	1				
Total Depend	15	15				
Total Claims	16	16				

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
53						
54						
55						
56						
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99						
100						
Total Indep						
Total Depend						
Total Claims						